PTO/SB/01 (10-01)

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1009-US Attorn y Do ket Numb r **DECLARATION FOR UTILITY OR WEST** First Named Inventor **DESIGN COMPLETE IF KNOWN** PATENT APPLICATION (37 CFR 1.63) **Application Number** Filing Date Declaration Declaration OR Submitted after Initial Submitted **Art Unit** Filing (surcharge with Initial

	Filing	(37 CFR 1.16 (e)) required)	Examiner Name							
As the below named inventor, I hereby declare that:										
My residence, mailing address, and citizenship are as stated below next to my name.										
I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
	THERAPEUTIC SPINAL REST AND SUPPORT									
(Title of the Invention)										
the specification of which										
	is attached hereto									
[	OR was filed on (MM/DD/YYYY)		as United States A	Application Number	or PCT International					
Application Number		and was amended	d on (MM/DD/YYYY)		(if applicable).					
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.										
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.										
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.										
	Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO					
			εξν							
Ţ	Additional foreign application nur	mbers are listed on a suppler	mental priority data sheet	PTO/SB/02B attach	ned hereto:					

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## **DECLARATION** — Utility or Design Patent Application

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Direct all correspondence to: Customer Nur or Bar Code L			OR 🗸 Cor	respondence address below					
MICHAEL A. GUTH									
2-2905 EAST CLIFF DRIVE									
Address									
SANTA CRUZ		CA		95062					
City		State	<del></del>	ZIP					
USA	831 462 8270			831 462 8273					
Country	Telephone			Fax					
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INVENTOR:									
Given Name RYAN F.  (first and middle [if any])			WEST Family Name or Surname						
Inventor's Signature			11/12/2003 Date						
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Residence: City	State	1	Country	Citizenship					
Mailing Address 690 35th Avenue									
SANTA CRUZ	CA		95062	us					
City	State		ZIP	Country					
NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])		Family or Sum							
Inventor's Signature			Date						
Residence: City	State		Country	Citizenship					
Mailing Address									
City	State		ZIP	Country					
City  Additional inventors are being named on the	State Supplemental Addition	nal Inve	ntor(s) sheet(s) PTO/SB	Country /02A attached hereto					
are being named on the	_ooppionionai Addid			·					